

POSITION	ID NO.	DATE
CLASSIFIER		
EXAMINER	233	6-11-93
TYPIST	AN	6-14-93
VERIFIER	1100	6-14-93
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

BEST AVAILABLE COPY

## INDEX OF CLAIMS

Claim	Date
Final	
1	(01)
2	(02)
3	(03)
4	(04)
5	(05)
6	(06)
7	(07)
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## SYMBOLS

- ✓ Rejected
- Allowed
- (Through number) Canceled
- Restricted
- N Non-elected
- I Interference
- A Appeal
- O Objected

Claim	Date
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